Sample Patient Date: Street Address City, State, ZIP

Dear Mr. Patient,

Thank you for your participation in the Low-Dose CT Lung Cancer Screening Program.

You have reached the end of participation eligibility due to two possible factors. Please see the checked reason for no longer meeting the eligibility requirements.

* You have quit smoking for over **15** years.
* You have reached the maximum age for program participation.

We at St. Anthony Regional Hospital will retain your images and reports as part of your permanent medical record. This information is available for your continued care.

Thank you for choosing St. Anthony Regional Hospital for your healthcare needs.

Sincerely,

St. Anthony Regional Hospital Radiology Department